

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name LAURELWOOD WATER USERS Co-op PWS ID# 41 00315
 Month/Year 10 123 Entry Point _____ Required Minimum Residual 2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
		<u>LAUNDRY ROOM</u>		
1	8:01A	"	1.05	
2	7:34A	"	1.10	
3	8:03A	"	1.15	
4	8:02A	"	.82	
5	7:45A	"	.97	
6	8:37A	"	.98	
7	8:05A	"	1.06	
8	8:32A	"	1.04	
9	8:04A	"	1.11	
10	8:50A	"	1.00	
11	8:03A	"	1.06	
12	10:40A	"	.92	
13	8:22A	"	.96	
14	9:22A	"	1.46	
15	10:11A	"	1.97	
16	8:21A	"	1.36	
17	8:37A	"	1.18	
18	9:10A	"	1.55	
19	11:41A	"	1.08	
20	9:00A	"	1.07	
21	7:35A	"	1.08	
22	8:12A	"	.96	
23	8:23A	"	1.05	
24	9:50A	"	1.03	BAC TEST TAKEN
25	7:55A	"	1.10	
26	8:33A	"	1.12	
27	8:17A	"	1.08	
28	8:11A	"	1.07	
29	7:02A	"	1.24	
30	6:22A	"	1.07	
31	7:41A	"	1.19	

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>
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Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane Russell Phone #: (503) 703 7378 OR
 Date: 10/01/23 Small Groundwater System